

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY013 Date of Visit: 8/23/22

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 18433-18439 , 18580 , 18586 , 18601 ,
2. 18627 , 18440-18442 , 18628 ,
3. ASSET#'S , 9220 , 9222 , 9240 , 9241 , 9243 , 9244 ,
4. 9245 , 9261-9263 , IL-12 , IL-13 , 190917-, 131 ,
5. 102 , 103 , 132 , 119 , 124-126

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/23/22

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: MIKE MCCARTHY Date: 8/23/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DDC CONTROLLER

SITE AND BLDG #: **NY013 BLDG1**MECHANIC
SIGNATURE: DATE: **8/23/22**

LOCATION/RM #: **119** WO# **18601** ASSET # **190917-119** START TIME: **11:15am** FINISH TIME: **11:30am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Obtain username and password for login. If not available, contact appropriate company manager to obtain access.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check physical condition of the device. Shut off power to the unit. Vacuum any remaining dust. Turn power back on to the unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check all fuses for evidence of heating or weakening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check system for alarms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check all plug connections in the panel to ensure the plugs are fully seated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: HVAC Technician

Additional Notes: